

**CHIPPEWA COUNTY BUILDING DEPARTMENT
CONSTRUCTION CODE ENFORCING AGENT**

319 Court Street • Sault Ste. Marie, MI 49783
Phone: (906) 635-6362

ENCLOSE CHECK Payable to: CHIPPEWA COUNTY



APPLICATION FOR PLAN REVIEW AND BUILDING PERMIT

IMPORTANT – Applicant to complete all items

I. LOCATION OF BUILDING	ADDRESS _____
	CITY _____ TOWNSHIP _____
	SECTION _____ T _____ R _____
	PROPERTY ID# _____

II. TYPE AND COST OF BUILDING – All applicants complete Parts A – D

A. TYPE OF IMPROVEMENT 1 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D. 13). 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D. 13) 6 <input type="checkbox"/> Moving (relocation) 7 <input type="checkbox"/> Foundation only	D. PROPOSED USE Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more – Enter number of units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory – Enter number of units _____ 15 <input type="checkbox"/> Garage, Pole Bldg. Storage 16 <input type="checkbox"/> Carport 17 <input type="checkbox"/> Other - Specify _____ _____ _____	Nonresidential 18 <input type="checkbox"/> Amusement 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Tanks, towers 28 <input type="checkbox"/> Other - Specify _____ _____
B. OWNERSHIP 8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)		

C. COST 10 Cost of improvement _____ a. Electrical _____ b. Plumbing _____ c. Heating, air conditioning _____ d. Other (elevator, etc.) _____ 11 TOTAL COST OF IMPROVEMENT _____ 12 FEE ENCLOSED (Call Office) (per enforcing agency current fee schedule) _____	(Omit Cents) \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	Nonresidential – Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use. _____ _____ _____
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III. SELECTED CHARACTERISTICS OF BUILDING – For new buildings and additions, complete Parts E – L; for wrecking, complete only Part J, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME 30 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other – Specify _____ _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public or private company 41 <input type="checkbox"/> Private (septic tank, etc.) H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public or private company 43 <input type="checkbox"/> Private (well, cistern)	J. DIMENSIONS 48 Number of stories _____ 48 Total square feet of floor area, all floors, based on exterior dimensions ... _____ 48 Basement - Crawl _____ K. NUMBER OF OFF-STREET PARKING SPACES 51 Enclosed _____ 52 Outdoors _____ L. RESIDENTIAL BUILDINGS ONLY 53 Number of bedrooms _____ 54 Number of Full _____ bathrooms Partial _____
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 34 <input type="checkbox"/> Other – Specify _____ _____	I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator? 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No	

Permit # _____ Name _____

LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION:**IV. ENVIRONMENTAL CONTROL APPROVALS**

	REQUIRED	NOT REQUIRED	APPROVED	DATE OBTAINED	NUMBER	BY
1 – ZONING						
2 – ACT 451, PART 91						
3 – FLOOD ZONE						

PLANS NEEDED FOR PERMIT

Complete 1st floor layout with all dimensions, location of windows, door, rooms, basement / crawlspace beams, etc.

Complete 2nd floor layout as above if applicable.

Garage layout with all dimensions, location of windows, doors, stairs, etc.

Minimum paper size to be submitted is 8" x 10" as per application form up to full size blueprints.

IMPORTANT GENERAL INFORMATION.

A licensed residential builder is required on all residential structures except when a homeowner builds for his own use and occupancy. The same applies to the installation of plumbing and electricity.

At least one window in each bedroom must conform to the following:

1. Sill height not more than 44" from floor
2. Total opening not less than 5.7 square feet.
3. Minimum height of 24". Minimum width of 20"

Bathroom windows must be not less than 3 square feet.

Footing must be below the frost line, but no less than 42" inches.

Footers no less than 8" x 16"

Crawl space no less than 18"

Crawl space access no less than 18" x 24"

All structural materials must be graded.

Complex rafter systems must be engineered

When a garage is attached to the house the following must be done:

1. Firewall between garage and house. (Minimum 1 hour rating)
2. Sills of all door openings shall be raised not less than 4" above the garage floor.

Access to attic no less than 22" x 30" with clear high over 30"

Attic with doors must be self closing.

Insulation – sidewall R Factor = 19

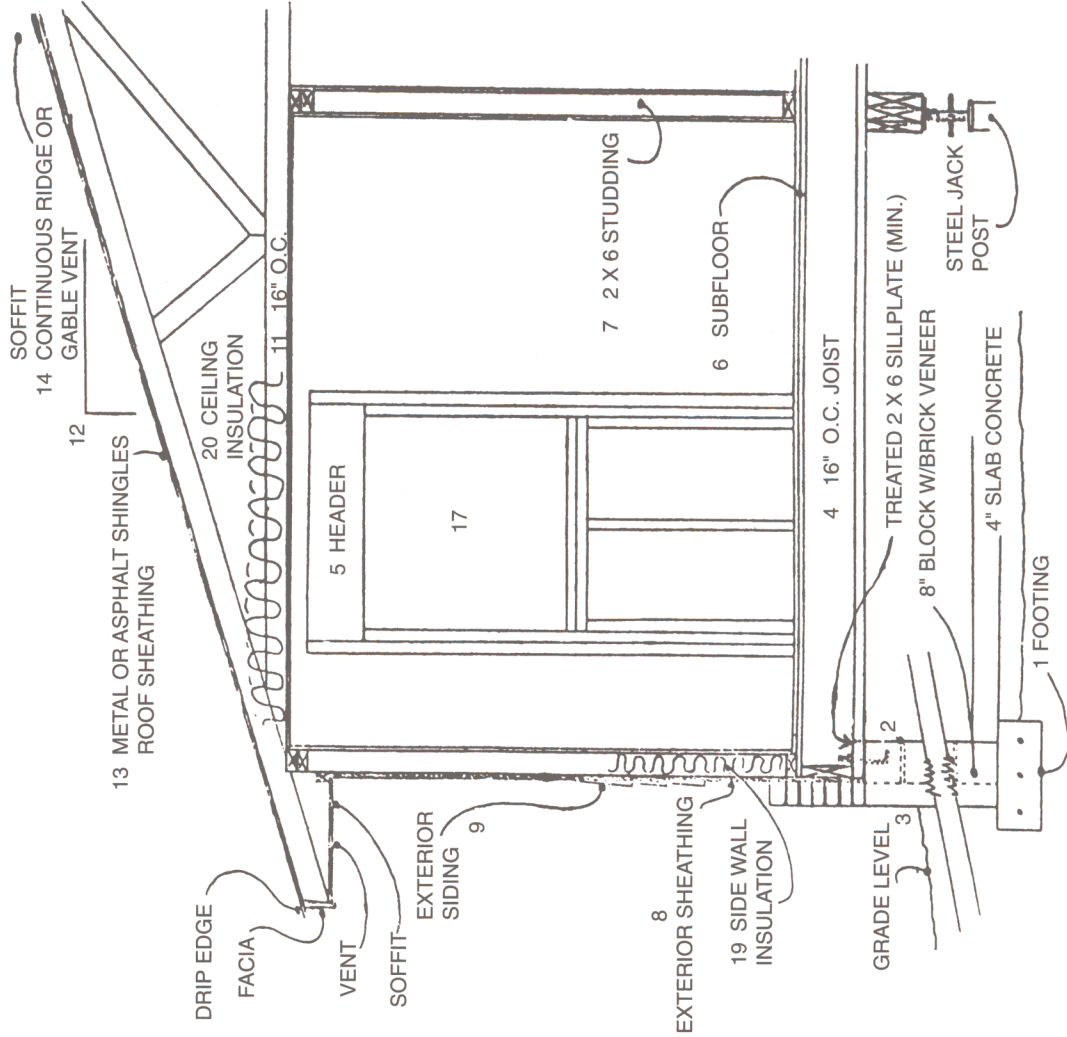
Insulation – ceiling R Factor = 38

Inspections should be scheduled at least 48 hours in advance.

Inspection should be made before work continues.

V. SPECIFICATIONS

1. Footings _____
2. Foundation wall thickness _____ Height _____
3. Number of crawl space vents _____
4. Floor joist size _____ span _____
5. Window header size _____
Door header size _____
6. Size of basement beam (if used) _____
7. Stud size _____ height _____
8. Exterior sheathing: Material _____
9. Exterior siding: Material _____
10. Rafters, Trusses _____ span _____
11. Load rating of trusses _____
12. Roof: pitch _____ overhang _____
13. Roof sheathing material _____ Roof cover material _____
14. Type of venting: ridge _____ soffit _____ gable _____
15. Entrance door size _____
16. Garage door size _____
17. Bedroom window size _____
18. Smoke detector is mandatory! Brand _____
19. R Factor insulation sidewall _____
20. R Factor insulation ceiling _____



VI. IDENTIFICATION - To be completed by all applicants

Name		Mailing address - Number, street, city, and state	Zip code	Tel. No.
1. Owner or Lessee				
2. Contractor			Builder's License No.	
3. Architect or Engineer				
<i>I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.</i>				
Signature of Applicant		Address	Application Date	

AGENCIES

Well & Septic
(except see below)

Chippewa Co. Health Department
508 Ashmun Street
Sault Ste. Marie, MI 49783
Ph: (906) 635-3620

Western Chip. Cty.
Whitefish, Hulbert,
Chippewa Twp.

Luce Co. Health Department
Hamilton Lake Rd. • Newberry, MI 49868
Ph: (906) 293-5107

Wetlands

DEQ
P.O. Box 445 • Newberry, MI 49868
Ph: (906) 293-5131

Erosion Control

Soil & Sedimentation Control
300 Court St. • Sault Ste. Marie, MI 49783
Ph: (906) 635-6362 - Anthony Bosley

Township Zoning

**Bay Mills, Bruce, Dafter, Kinross
Pickford, Rudyard, Soo, Sugar Island,
Superior, Whitefish**

STATE PERMITS

Electric Permit

Lon Kologe
Cedarville, MI
Ph: (906) 484-2053

Mechanical Permit

Ken Nightlinger
Cedarville, MI
Ph: (906) 484-2167

Plumbing Permit

Dave Yeager
Cedarville, MI
Ph: (906) 484-3055

VII. VALIDATION - Office use only.

Building Permit Number _____	Certificate of Occupancy issued _____
Building Permit Issued _____ 20 _____	Approved by: _____
Building Permit Fee \$ _____	_____
Drain Tile \$ _____	_____
Plan Review Fee \$ _____	_____ Title